

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

JOSEPH L. WESTFALL,
Plaintiff

FILED

AUG 26 2020

v.

// CIVIL ACTION NO. 1:20CV207

U.S. DISTRICT COURT-WVND
CLARKSBURG, WV 26301

DONALD J. TRUMP,
President, Individually and
Official Capacities, and
STEVEN T. MNUCHIN,
Secretary, U.S. Treasury, Individually
and Official Capacity
Defendants

Certificate of Service

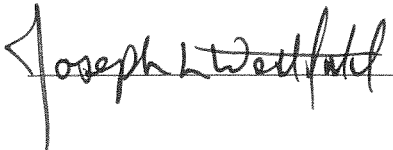
I, Joseph L. Westfall, appearing pro se, hereby certify that a duplicate copy of the complaint dated 8/15/2020 (4 pages) sent to this court, was mailed in the same manner to DONALD J. TRUMP, President 1600 Pennsylvania Avenue NW, Washington, DC 20500 and STEVEN T. MNUCHIN, Secretary, U.S. Treasury 1500 Pennsylvania Avenue, NW; Washington, D.C.

Further a duplicate copy of this document will also be mailed to defendants in the same manner as to this court

Lastly re: in forma pauperis included is w2 and pay stubs verifying income is less than 200% of poverty level. Filing fee is one weeks take home pay. The wording: "I cannot prepay" would cause me to commit perjury.

The local branch of my bank has had no tellers since the buisness shut down for the covid matter. Therefore enclosed is a personal check for the filing fee. This check is accepted monthly for PSC utility entities, yearly by the Sheriff and Treasurer of Harrison County for Property Tax

"I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.
Executed on 8/23/2020.


per

28usc 1746(2) 18usc 1621 18usc1001

V6
7/20

Form **W-2** Wage and Tax Statement **2019** Copy C - For EMPLOYER'S RECORDS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, you must attach this form to your return. Do not write on this form. If this form is furnished and you are not required to file a tax return, you must attach this form to your return.

a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
[REDACTED]		20731.75		1878.03	
OMB No. 1545-0048		3 Social security wages		4 Social security tax withheld	
[REDACTED]		20731.75		1285.38	
b Employer identification number		5 Medicare wages and tips		6 Medicare tax withheld	
[REDACTED]		20731.75		300.62	
c Employer's name, address, and ZIP code					
DAYCON, INC. P.O. BOX 85 PHILIPPI WV 26416					
d Employee's first name and initial		Last name		Suff.	
JOSEPH		L WESTFALL			
2110 WILLIAMS AVE CLARKSBURG WV 26301					
e Employee's address and ZIP code		7 Social security tips		8 Allocated tips	
[REDACTED]		[REDACTED]		[REDACTED]	
9		10 Dependent care benefits		11 Nonqualified plans	
[REDACTED]		[REDACTED]		[REDACTED]	
12a		14 Other			
[REDACTED]		[REDACTED]			
12b					
[REDACTED]					
12c					
[REDACTED]					
12d					
[REDACTED]					
13 Salaried employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
16 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
[REDACTED]		20731.75		736.09	
18 Local wages, tips, etc.		19 Local income tax		20 Locally name	
[REDACTED]		[REDACTED]		[REDACTED]	

26219

Employee IC WESTFALL

JOSEPH L WESTFALL

Gross	This Check	Year to Date	
	560.00	14,606.50	
Fed Income	-54.63	-1,354.82	Regular
Soc Sec	-34.72	-905.62	
Medicare	-8.12	-211.81	
State	-21.00	-528.00	

Hours	Rate	Total
40.00	14.00	560.00

Net Check: \$441.53

Total

40.00

560.00

Pay Period Beginning Aug 9, 2020

Pay Period Ending Aug 15, 2020

Check Date 8/20/20

Weeks in Pay Period 1

26192

Employee IC WESTFALL

JOSEPH L WESTFALL

Gross	This Check	Year to Date	
	520.00	14,046.50	
Fed Income	-49.83	-1,300.19	Regular
Soc Sec	-32.24	-870.90	
Medicare	-7.54	-203.69	
State	-19.00	-507.00	

Hours	Rate	Total
40.00	13.00	520.00

Net Check:

\$411.20

2/6/20

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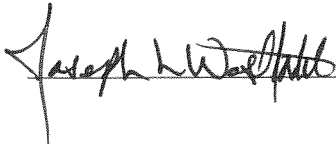
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8-23-2020

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From **W-2** Wages and Tax Statement **2019** Copy C - For EMPLOYER'S RECORDS.

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a Employee's SSN		1 Wages, tips, other compensation		2 Federal income tax withheld	
OMB No. 1545-0008		3 Social security wages		4 Social security tax withheld	
b Employer identification number		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code		7 Social security tips		8 Allocated tips	
d Control number		9 Dependent care benefits		10 Nonqualified plans	
e Employee's first name and initial		11 Other		12 State income tax	
f Employee's address and ZIP code		13 State wages, tips, etc.		14 State income tax	
g Local wages, tips, etc.		15 Local income tax		16 Locality name	

PHILIPPI WV 26416

JOSEPH L. WESTFALL

2110 WILLIAMS AVE

CLARKSBURG WV 26301

12a 12b 12c 12d

13 Stationary employee ☐ Retirement plan ☐ Third-party sick pay ☐

15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax

18 Local wages, tips, etc. 19 Local income tax 20 Locality name

26219

Employee IC WESTFALL

JOSEPH L. WESTFALL

Gross	This Ched	Year to Date	
	560.00	14,606.50	
Fed Income	-54.63	-1,354.82	Regular
Soc Sec	-34.72	-905.62	
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Total

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Net Check:

8444.00

4/6/2020

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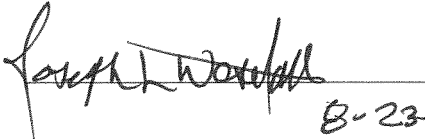
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5/6
YCW

Form **W-2** Wages and Tax Statement **2019** Copy C - For EMPLOYEES RECORDS.

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OMB No. 1545-0008		3 Social security wages		4 Social security tax withheld	
b Employer identification number		5 Medicare wages and tips		6 Medicare tax withheld	
c Employer's name, address, and ZIP code		20731.75		1285.38	
DAYCON, INC.		20731.75		300.62	
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PHILIPPI		WV 26416		Suff.	
e Employee's first name and initial		Last name			
JOSEPH		WESTFALL			
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9		14 Other			
12a		12b		12c	
12d		13		14	
15 State		16 State wages, tips, etc.		17 State income tax	
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Ld/Lp
V26u)